

Wage/Fringe Benefit Certification

(To Be Completed by Contractor/Subcontractors Prior to Contract Award.)

GRANTEE: _____

GRANT: _____

PROJECT: _____

This is to certify that _____ plans to use the following classifications of workers on the above referenced project:

Classification	From Applicable Wage Decision			Base Wage to be paid by Contractor	Fringe Benefits to be provided by Contractor		Total Package to be paid by Contractor
	Base Wage Due	Fringe Benefits Due	Total Package Due		Benefit	Hourly Amount	

Certified by: _____ Title: _____ Date: _____

(Must be Certified by Owner or Chief Financial Officer)